

INS. REC. BY: Tanpin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SHB 8949E

Policy No. _____

Claims No. MT/1077156-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SUB 3883T Yr Regn: 2012 Ang

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes benz E220 cc 2143

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 686031 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD212002249676752

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205 / 60R16

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 27/1/14 03 pm

Survey held at CDGE Layan

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or •

N/S Rear, u/c

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	NO Policy!
	SHB 8949E - (C4 / FC1 19022944 / Feb 3 2019 - 2019/1/2019
	SHB 8949E - (C4 / FC1 19022944 / Feb 3 2019 - 2019/1/2019
	US \$ 2,150/- @ 2 days (Combined with Tanari)
	(\$ 1,478.00 Red - 41%)

US \$ 2,150/- @ 2 days (Combined with Tanari)
(\$ 1,478.00 Red - 41%)

RECEIVED 13 JAN 2020

[Signature]
10/1/2020

Date/Time, File Path: 13/01/20

: Prel. Report

Days Of Repair: 2

1) Typist

: Final Report

Resurvey No. of Trip: 1

Date/Time, File Path: _____

Add Fee: : Site Insp (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Other

Report Format: _____

1) Typist / P.B.: \$ 2,150/- US

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

TOTAL

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 10/01/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1077950-002	CITYCAB PTE LTD	SHA 8673E	SMC 1381Z	30/12/2019	10:50	\$ 2,461.06	\$ 1,737.44
2	MT/1077156-002	CITYCAB PTE LTD	SHB 3883T	SHB 8949E	25/12/2019	00:05	\$ 3,628.00	\$ 2,150.00

Claim received from LKX Auto

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto)
Sent: Monday, 13 January 2020 9:28 am
To: Jumani Bin Masudin
Subject: RE: SHB3883T - Finalize

Dear Jumani,

Finalize amount confirmed.

Kindly send Final invoice and all supporting documents to NTUC INCOME.

Wishing you a Happy and Prosperous Lunar New Year



Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Jumani Bin Masudin <jumanibm@cdge.com.sg>
Sent: Monday, 13 January 2020 8:45 am
To: Taufikh (LKKAuto) <Taufikh@lkkauto.com>
Subject: Fw: SHB3883T - Finalize

Hi Taufikh

Please expedite

Best Regards

Jumani Masudin

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Tel. 6214-8315 / Fax. 6546-8156

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	26/12/2019 16:53
Date Of Accident	25/12/2019 00:05
Exact Location Of Accident	BAY FRONT AVE X SHEARES LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3883T
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E220
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	KHOO TIAN HOCK
NRIC No	SXXXX150G
Date Of Birth	20/01/1952
Occupation	OUTDOOR
Date Of Driving Pass	13/12/1974
Driving Experience	45 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91189217
Fax Number	
Contact Number	
Email Address	FRANKIEKHOOTRANS@GMAIL.COM

Address	BLK 836 HOUGANG CENTRAL #10-543
Postcode	530836
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8949E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT RIGHT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **regulate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CITYCAR PTE LTD
CO. REG. NO. 190512813H

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/IN No.:



Team: CK ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO: 305370042

OMER
 S CITYCAB PTE LTD
 7010070
 OMER NO. 383 SIN MING DRIVE
 ESS Singapore SINGAPORE 575717
 65551188
 (P) (Q)
 (P)

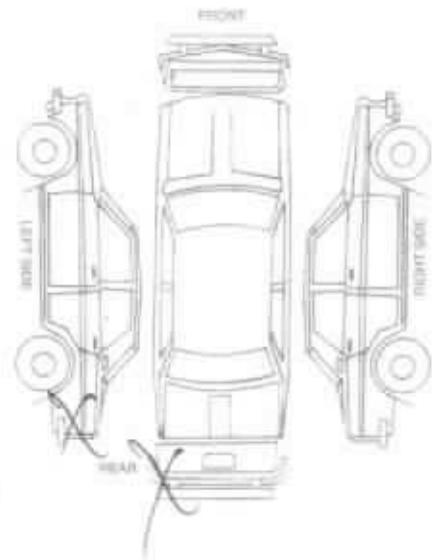
REGN NO:	SHB3883T	MILEAGE
MAKE :	MERCEDES BENZ	FUEL E _____ 1/2 _____ F
MODEL	E220CDI (E5)	DATE/TIME IN 25.12.2019 10:25
YR OF MANUF	31.08.2012	TARGET DATE
CHASSIS CODE	WDB2120022A676752	COMPLETION DATE/TIME

PLINT CARD NO:

JOB DESCRIPTION

Accident Date: 25.12.2019
 NATURE: 3P 25.12.19

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

Identification Slip
 No: SHB3883T JU NTUC LKK

 Service Advisor Signature/Date

Exit Pass
 Vehicle No.: SHB3883T

 Name of Service Advisor Date
 To be kept by Security Guard

Handed to Service Reception upon collection

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHB 3883T

DATE 27/12/2019 9:42

MAKE :

MODEL : MERCEDES BENZ

NTUC-JIA
Usum

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>ke</i>			\$ 1,510.00
	Rear Bumper Bracket Lower (LH/RH) <i>RH X LH X</i>	} <i>unx</i>	\$ 135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH) <i>RH X LH X</i>		\$ 125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH) <i>RH X LH</i>		\$ 115.00	\$ 230.00
SUB TOTAL				\$ 2,260.00
LESS 20%				\$ 452.00
DISCOUNTED TOTAL				\$ 1,808.00
Labour Charge				
	Panel Beating		<i>200 300</i>	\$ 400.00
	Spray Painting Charge		<i>200</i>	\$ 250.00
	Wiring Charge		<i>30</i>	\$ 50.00
	Remove/Refix Reverse Sensor		<i>30</i>	\$ 120.00
TOTAL LABOUR				\$ 820.00
ESTIMATE TOTAL				\$ 2,628.00
				<i>3628.00</i>
<p><i>Tan Kah 97495749/67418434</i> <i>-WP- 27/12/19 @ 3pm</i> <i>Insurance</i> <i>Resurvey after repair</i> <i>02 days</i> <i>sw@lkkauto.com</i></p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p>				
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>				

Our Job Ref No 305370042

Date : 07/01/20

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508989
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : TAUFIQ

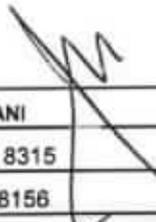
: SHB3883T

5367141 25.12.2019

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SHB8949E
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges ### _____
 - Total for Part-By-Part Repair Cost** ### _____
 - (c) Lumpsum Repair (if applicable) ~ _____
 - Total for Lumpsum repair cost after Less: 20% **\$2,150.00**
 - Final Lumpsum Repair cost** _____

3. Estimated normal period for repairs: 2 working days
4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
5. Thank you for your assistance. We confirm the estimates and finalized amount

Signature : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : _____
Name : _____
Date : _____

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983358E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19022944/T1sf3n2			
73 BRAS BASAH ROAD		Date: 14-01-2020	
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Code: INC4	
189556			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHB 8949E	Veh. Inspected	SHB 3883T
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1077156-002	Excess (\$)	0.00
Assign From		Assign Date	27/12/2019
2. Vehicle Particulars & Condition			
Make & Model	MERCEDES BENZ E 220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	WDD2120022A876752	Colour	WHITE
Odometer	686031	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	6 mm
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	6 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION AND UNDERCARRIAGE. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	25/12/2019	Inspection Date	27/12/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 3883T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	NOT NECESSARY	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	NOT NECESSARY	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	NOT NECESSARY	230.00	-
1	WHEEL RIM	DENTED	1,250.00	1,250.00
	LESS 20% DISCOUNT		-702.00	-552.00
			2,808.00	2,208.00
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.		50.00	30.00
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			820.00	460.00
GRAND TOTAL			3,628.00	2,668.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,150.00

Report Ref No. NS/INC19022944/T1sf3n2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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